



State of Alabama

Department of Human Resources



6 MONTH PERMIT

Permit Number: _____

THIS IS TO CERTIFY, That _____

is hereby granted this 6 MONTH PERMIT to conduct and maintain

(Name of Facility)

as a _____ for _____ children, ages _____
(Type of Child Care Facility) (Number)

at _____, _____
(Address) (City)

County of _____, STATE OF ALABAMA.

This PERMIT shall be in force for a period of six months, from and after the _____ day
of _____, 20____, to the _____ day of _____,
20____, subject, however, to be revoked on the failure of the above-named Facility to comply
with the provisions of Title 38, Chapter 7, *Code of Alabama 1975*, or the standards and
regulations prescribed by the Department of Human Resources of the State of Alabama in
accordance with the provisions of said law.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of
_____, 20____.

STATE OF ALABAMA
DEPARTMENT OF HUMAN RESOURCES

Licensing Authority

Title